## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

03500.016266

		CLAIMS AS	1 ,	SMALL ENTITY			YTITY		OTHER	THAN		
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			12				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	ABLE CLAIMS	, 7 minus 20=		* _			X\$ 9=		OR	X\$18=	
INE	EPENDENT CI	LAIMS	minus 3 =		* 2		T	X42=		OR	2x84=	168
MULTIPLE DEPENDENT CLAIM PRESENT							T	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	
	C	LAIMS AS A	MENDE	- PAR	T !!						OTHER	THAN
		(Column 1)		(Colui		(Column 3) SMAI			ENTITY	OR.		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***	F (C) A (A (A	=		X42=		OR	X84=	
<u> </u>	FINST PRESE	INTATION OF MI	JUITPLE DEI	PENDEN	CLAIM			+140=		OR	+280=	
	TOTA									00	TOTAL	
(Column 1) (Column 2) (Column 3								DDIT. FEE		l	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH		(Column 3)	-		ADDI			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	Independent * FIRST PRESENTATION OF MU		Minus ***		=		X42=		OR	X84=	
<u> </u>	FINOT PRESE	INTATION OF INIC	DETIPLE DEF	PINDEIN	CLAIM			+140=		OR	+280=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT		CLAIM	IM		1				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		ber Previously Pai					r found	d in the app	ropriate box	in co	lumn 1.	